

Obituary

Sir DAVID MUNRO, K.C.B., C.I.E., LL.D., M.B.,
F.R.C.S.Ed.

Air Vice-Marshal Sir David Munro died at Halton, Buckinghamshire, on November 8, in his 75th year. He had led a full life, crowded with varied activity in work and play: his enjoyment of it emerges vividly from his autobiography, *It Passed Too Quickly*, published in 1941. He had a wide popularity, effortlessly won by his sincerity, his gift for fellowship, his sense of humour, his prowess at games, and his zest in all things. He held a sequence of important positions, and always with success.

David Munro was born at Elstree, Hertfordshire, on June 23, 1878, the twelfth child of a schoolmaster. He



[Elliott & Fry, London.]

He went up to St. Andrews University, in an Eton suit, at the age of 14 and remained there for six years. There as a fellow-student he met his future wife, Isabel, daughter of Dr. J. Cunningham, of Campbelltown, Argyll. They were married in 1905: he is survived by her, and by their son, daughter, and grandchildren.

In 1898 Munro went to Edinburgh University, graduating M.B., Ch.B. in 1901. He joined the Indian

Medical Service in the same year, and was at first in the Military Department and later in the Civil Military Department in Bengal, when he also lectured on a diversity of subjects in Calcutta University. He became F.R.C.S.Ed. in 1911. In the 1914-18 war he served in a hospital ship and in France, Palestine, and Mesopotamia. He was created C.I.E. in 1917. He transferred to the R.A.F. in 1919, becoming Principal Medical Officer at its headquarters in India. In 1921 he was appointed Director of R.A.F. Medical Services. He held this post at the Air Ministry until 1930, an unusually long period, and had great influence upon the development of the new service in its formative phase. He has summed up his policy: "If I had one ideal for my new medical service it was that the officers should be doctors first and not become too military, and I believe it was attained; conversely, that they should be an integral part of the R.A.F. organization and not a Service within a Service." He was created C.B. in 1924 and K.C.B. in 1930, and was an Honorary Surgeon to the King from 1925 to 1930.

Munro retired from the R.A.F. in 1930 and was appointed by the Medical Research Council to their headquarters staff as secretary of the Industrial Health Research Board. Here he encountered a new aspect of the scientific problems of men and machines with which he had become familiar at the Air Ministry. He made a valuable administrative contribution by a policy of integrating the investigating staff more closely with that engaged in other lines of medical research and of basing the field workers on university laboratories. He

held the position, latterly on a part-time basis, until 1942. The war of 1939-45, however, brought an additional call for his services. In 1940 he was appointed Chief Medical Officer of the Ministry of Supply, to deal with medical questions arising at Royal Ordnance factories. He retired in 1943 but remained a medical adviser to the Ministry. He had also been vice-chairman of the board of management of the London School of Hygiene and Tropical Medicine, and was a member of the Factory Welfare Board of the Ministry of Labour and of the School Council of St. Thomas's Hospital. He was Master of the Skinners Company in 1942-3.

It is impossible to think of David Munro without recalling his skill as a golfer and his love of sport and particularly of horses. In India there were polo, pig-sticking, and shooting many kinds of game. In England he played polo, rode to hounds, and at the age of 58 took part in his first steeplechase. In his seventies he took up gliding with the enthusiasm of a youth.

Of all his many honours none pleased him more than to be elected by the students to be Rector of St. Andrews University in 1938. The honorary degree of LL.D. of the university was conferred on him in 1939, when he was installed as Rector. Owing to the war he held the office until 1946; and, whereas for some men it would have been a sinecure, for him it was another outlet for his energy and keenness. He wrote: "I felt myself at the zenith of my career. I had left home to begin life in St. Andrews. To St. Andrews at the last I had returned."—A. C. T.

We are indebted to Air Marshal Sir VICTOR RICHARDSON for the following appreciation:

Sir David Munro came to the Royal Air Force as Director of Medical Services in 1921, after being in the Indian Medical Service, and continued in office until 1930; he was successor to General Sir Matthew Fell—the first D.M.S., and indeed the father of the R.A.F. medical branch. In the I.M.S. Munro's work had lain largely on the civil and specialist side, and he was therefore, as occasion demanded, able to take a detached and unbiased view of the general and peculiar medical needs of the Air Force. Among the problems of those days were the stabilization of the list of medical officers and the inclusion in it of a specialist group to cover the particular needs of the Service, the establishment of Air Force hospitals, and the development of a nursing service. The determination of the permanent list of medical officers by seniority proved to be a thorny matter, as doctors working with, or later commissioned in, the Air Force came not only from the fighting Services but also from civil life, so that varying factors came up for consideration and many difficulties had to be met and solved. The integration of the specialist group to deal with the peculiar needs of flying personnel (ophthalmology, otology, psychology, physiology, and tropical medicine, as well as straight medicine and surgery) called for careful planning and discriminating selection, though much help was forthcoming from the Air Ministry Medical Advisory Board of eminent doctors and scientists in civil life. Apart from the question of their special requirements, Air Force personnel are happier in their own hospitals, cared for by their own medical and nursing staffs, and the need for hospitals was dealt with by the building at home of the first new R.A.F. hospital at Halton, Bucks, and the further development of the R.A.F. Officers' Hospital at Uxbridge, Middlesex, while overseas hospitals were established at Bagdad in Iraq, in Aden, and in Palestine. Not less pressing was the call for a first-class nursing service, which emerged as Princess Mary's Royal Air Force Nursing Service. These, then, were some of the problems that had to be dealt with during the evolution of the Medical Service: that they were successfully handled in a large measure between 1921 and 1930 is no mean tribute to the memory of the then D.M.S.

Air Vice-Marshal T. C. MORTON writes: Sir David Munro was the third Director-General of the R.A.F. Medical Branch, but to all of us who served with him from its foundation he was recognized as its father. Surgeon Captain Munday, our first Director, was a naval surgeon; General Matthew Fell, the second Director, came to us from the R.A.M.C. He laid the foundations, truly, but left us very shortly to become Director-General of the Army Medical Services. It was, however, due to Fell that Munro, a young I.M.S. major who had served under him in Mesopotamia, was seconded to the R.A.F. to proceed to India as the first R.A.F. Principal Medical Officer, with the rank of wing commander. It was a fortunate choice, for only a man with 20 years' experience in India could have dealt with the teething troubles of a new Service in such a well-entrenched Army preserve. He left India a bare 18 months later to succeed Fell as Director-General, and promptly entered the arena to serve as a member of the Cabinet committee to decide whether there should be a separate R.A.F. medical branch or whether it should be taken over by either the Army or Navy medical services. Subordination no, co-ordination certainly: the battle was won, for David Munro was a "bonny fechter" with a silver tongue. During his nine years as Director-General he was strongly supported by Lord Trenchard, and so the R.A.F. Medical Branch came into being and the camaraderie between the flying and medical branch was cemented for all time.

Sir David Munro, the man himself, was one who warmed both hands before the fire of life. Fear was a stranger to him, and, blessed with excellent hands and a good eye, all games came easily to him. A scratch golfer, he represented the R.A.F. on many occasions. A keen rider to hounds with the Old Berkeley and Whaddon Chase, an enthusiastic polo player, Sir David believed that the best view of the world was between the ears of a horse. At 58 he rode his first of many point-to-points, but, if the truth be told, with many falls, for he was a thruster. He preached the dogma, and who will gainsay him, that "guts count as high as brains," and he was the fortunate possessor of both in ample measure. Socially he was a *bon viveur* and an ardent clubman, with a discriminating palate, a pretty wit, and, if warranted, a blistering tongue. At 75, as commanding officer of the local A.T.C., he plunged with enthusiasm into the art of gliding, piloting his glider over the countryside in his beloved Bucks, and gazing nostalgically from 300 feet over the scene of his past athletic triumphs. He always felt that the zenith of his career was reached when he was installed Lord Rector of his own University of St. Andrews in 1939, and it was then that he quoted these lines, written by himself when he summed up his creed:

But when our interests cease, emotions fail,
When we can love no more, nor fight, nor sin,
No longer strike a ball nor tell a tale,
Then let us pass—what is there left to win?

J. ERIC STACEY, M.D., F.R.C.S.Ed., F.R.C.O.G.

By the death of Mr. J. E. Stacey on November 9 the science and art of obstetrics and gynaecology has lost a skilled exponent, the Royal College of Obstetricians and Gynaecologists a wise counsellor, and the medical faculty of the University of Sheffield an experienced and popular teacher.

John Eric Stacey was born on February 17, 1893, and was educated at Christ's Hospital. He won the open medical scholarship at the University of Sheffield, where he graduated M.B., Ch.B., with honours, in 1913, being awarded the gold medal in clinical medicine and surgery. He became a resident house-surgeon at the Jessop Hospital for Women at Sheffield, but when war broke out in 1914 he volunteered immediately and was posted as a combatant to the Royal Berkshire Regiment. He later transferred to the R.A.M.C. and served as regi-

mental medical officer to the same unit. He suffered a serious spinal injury at the battle of Loos which caused a complete paraplegia, as the result of which he was bedridden for eight months. Those who witnessed his determination to recover, when once it was clear that there was hope, will never forget the supreme demonstration he gave of the influence of mind over matter. In 1918 he did most useful work as a surgeon at the Third Northern Hospital at Sheffield, standing for long periods in operating theatres with the aid of surgical appliances, and he was a source of inspiration and encouragement to many wounded soldiers. He celebrated his recovery when the war was over by undertaking a bicycle tour in Italy and the Dolomites with a medical friend.

Stacey had determined to make obstetrics and gynaecology his career and he was appointed registrar at the Jessop Hospital for Women. In 1920 he became a Fellow of the Royal College of Surgeons of Edinburgh. At that time the only higher degree in his specialty was the M.D. of London. To obtain this he took the M.B., B.S. of the University of London by examination in 1921, proceeding M.D. in obstetrics and gynaecology in the following year. He was appointed honorary assistant surgeon at the Jessop Hospital in 1924 and full surgeon in 1935, and became senior surgeon last year. He was also honorary consultant surgeon to the Beckett Hospital, Barnsley, and to the Retford Cottage Hospital, and was lecturer in obstetrics and gynaecology in the University of Sheffield for many years. Stacey was elected a Fellow of the Royal College of Obstetricians and Gynaecologists in 1937. He was a founder member of the College and was a member of its council from 1930 to 1937 and again from 1941 to 1947. He had been a vice-president of the College since 1949. He was a member of the travelling club of obstetricians and gynaecologists, and last year he visited Canada and the U.S.A. as a representative of the College. During the last week of his life he was elected an Honorary Fellow of the Royal Society of Obstetricians and Gynaecologists of Athens, but unfortunately he was too ill to appreciate it.

Stacey had a wide experience as an examiner in his specialty for the universities of Sheffield and London and for the diplomas of the Royal College of Surgeons of England, the Royal College of Obstetricians and Gynaecologists, and the Central Midwives Board. He made outstanding contributions to the literature of his specialty, and his paper on "Failed Forceps," which was published in the *British Medical Journal* in 1931, has an international reputation. He also contributed the article on the external female genital organs to Volume 4 of *British Surgical Practice*. Other articles from his pen appeared in this *Journal* and in the *Practitioner*. He read a paper on "The Logical Approach to Prolapse" before the International and Fourth American Congress of Obstetricians and Gynaecologists in 1951. When the British Medical Association held its Annual Meeting at Winnipeg in 1930 he acted as honorary secretary of the Section of Obstetrics and Gynaecology.



Eric Stacey had a vivid personality and a great courage, both moral and physical. His greatest attribute was a fearless sincerity and a determination not only to do what he himself thought was right but also to convince others to have the same opinion. He was tolerant, however, and would listen to opinions contrary to his own, and was never ashamed to confess when he had judged unwisely. In other words, he was a good loser and he bore no ill will or vindictiveness towards his opponents.

After the National Health Service Act was on the statute book, he did his utmost to make it work in the interest of the patient. That was his paramount purpose, and it took precedence over all other aspects in any discussion. His manner and his choice of words were sometimes too direct, even aggressive, so that some might take offence, but his active and always logical opposition was really a great stimulant. To the student he was always a teacher who, though dogmatic, had a sound reason for his opinion, and he would spare no pains to explain any problem. His witticisms were of great value to the successive editors of the students' magazine, but they left no sting. His students will in after years appreciate the principles of their craft which he taught them. He had no use for sham, and he impressed on them that experience and example, combined with single-mindedness and integrity, were the most necessary qualities of a good teacher. He appealed to them all by his perennial youth.

Eric Stacey owed much to his devoted mother, who was widowed at an early age, and much to his wife, formerly Margaret Reid, who is a medical graduate of the University of Aberdeen. She was a great companion and helpmate to him throughout their life together and gave him her devoted attention during his last illness. Only those who have received hospitality in their beautiful Derbyshire home can realize what a great loss his death is to her and to his many friends. Our sympathy goes out to her and to her son and daughter at this time.—E. F. and J. H. C.

H. S. MEADE, M.Ch., F.R.C.S.I.

Mr. H. S. Meade, who died on November 11 at St. Vincent's Hospital, Dublin, after a trying illness bravely borne, was in his 68th year. He had become one of the most widely known of Irish surgeons, and for many years past had been so familiar a figure at many European surgical congresses that an English colleague had affectionately dubbed him "Ireland's ambassador of surgery."

Born in Amoy, S. China, on December 3, 1884, where his father had been a member of Sir Robert Hart's staff, Henry Sords Meade lost his parents in an epidemic of cholera at a very early age. He came home to relatives in Dublin, by whom he was educated at the Carmelite College. From there he entered the Catholic University Medical School of Newman's foundation in Cecilia Street, where his student course was marked by an unbroken succession of honours and medal awards. He qualified L.R.C.P.&S.I. in September, 1909. Almost immediately he was appointed house-surgeon at St. Vincent's Hospital, where he came under the intimate direction of the late "Johnnie" McArdle, the dynamic professor of surgery in University College, Dublin, whom he was to serve more closely for many years as first assistant. As a student he had shown a particular penchant for anatomy, and, his term of hospital residency completed, his first teaching appointment was that of demonstrator of anatomy in Professor E. P.

McLoughlin's department in the medical school. In 1910 he took his F.R.C.S.I., and in the year following was appointed assistant surgeon to St. Vincent's Hospital.

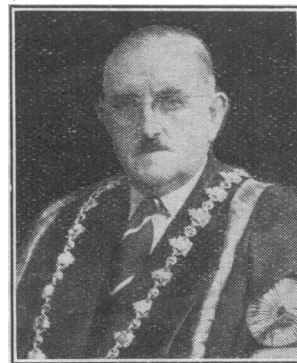
On the outbreak of war in 1914 Meade joined the French Army, being posted to Villeneuve-sur-Lot as *Médecin-major*. For his services he was awarded the *Médaille de la Reconnaissance Française*, and later was appointed *Chevalier de la Légion d'Honneur*. Returning from France, he joined the R.A.M.C. with the rank of captain, serving as surgeon in the hospital ship *Mauretania* in the Mediterranean.

Resuming his post at St. Vincent's, he showed himself resolute and tireless in the pursuit of his studies and perfection of technique. Unsparing of his time and energy, he was often unconventional in his methods. His patients knew his kindness and his understanding, as they appreciated his skill, and scores of them became his personal friends. One sometimes heard talk in those early days of

"Meade's luck": he had his strokes of deserved good fortune, but the real secret of his success throughout his life lay in his foresight and his careful preparation. "No man," said Sir Humphry Rolleston, "can tell what is in store for him, nor command success, but he can do better by deserving it."

In 1928 Meade succeeded his old chief as professor of surgery at University College, Dublin. Never a facile speaker, as a teacher he was dogmatic, factual, accurate rather than brilliant; at the bedside he preferred to teach by the Socratic method of question and answer rather than by the set exposition of a particular subject. One can still hear his frequent, "Did you look?"—his favourite theme being that for one mistake due to ignorance nine were due to lack of observation. As an examiner he was patience personified, and utterly fair: no student ever found him testy or irritable or left the ward or the examiner's table feeling that he had not had a fair deal. In the theatre Meade was almost tireless, and there, as a teacher, he was perhaps at his best. A skilled anatomist, with the lightest of hands, he never seemed to hurry, even in moments of real emergency: calm and imperturbable, he was ready for all occasions. He had a love of mechanical things and delighted on his return from visits abroad to demonstrate the latest thing he had purchased in instruments. In this present era of specialists he remained the finest exemplar of the first-class general surgeon, equally at home in many fields. As a colleague he was outstanding for his integrity, his steadfast honesty, his frankness—not flashy qualities, these, but invaluable in a friend to whom one might turn in any difficulty for assistance, and never in vain.

He travelled widely, and knew most of the leading British and European surgeons well. Many honours came to him, yet no man had a more innate modesty. President of the Irish College of Surgeons in 1948–50, he was elected President of the Association of Surgeons of Great Britain and Ireland in 1950. He was a member of the British Orthopaedic Association and an associate member of the French Academy of Surgery: he had



[Irish News Agency.]

been a member of Council of the International Society of Surgery, and only a few weeks before his death had been elected an honorary member of the Belgian Society of Surgery.

No man was more hospitable. His home was one of the prominent social centres of Dublin, and in it he and Mrs. Meade delighted to entertain a host of friends. He had worked hard and played little through an active life, yet he seemed to be almost ageless. His unexpected return in the first days of a summer vacation after the B.M.A. Annual Meeting in Dublin last July, when he served as a vice-president of the Section of Surgery, came as a shock to his friends and colleagues alike. His days were numbered, but he faced the end as imperceptibly as he had faced life itself; no one heard a word of complaint or self-pity fall from his lips. With Abraham Lincoln, he "did the best he knew how, the best he could, and he kept on doing it to the very end." He had a full and a happy life, but for his immediate colleagues his going leaves "a lonely place against the sky." To his widow—who was the perfect partner and helpmate—to his daughter and his sons will go the sympathy of hundreds of his patients, friends, and colleagues in their tragic loss of a gay and gallant companion.—W. D.

Professor LAMBERT ROGERS writes: Few surgeons can have travelled as widely in Europe or known the Continent and Continental surgeons as well as did Professor Harry Meade, and to have been abroad with him and seen him as at home in a foreign city as in his own Dublin was an experience to be remembered. For many years he was the Irish delegate to the International Society of Surgery, at the meetings of which body he did a great deal to enhance and maintain the prestige of Dublin surgery. He was a fine linguist, a great surgical craftsman, a widely read general surgeon with a leaning towards orthopaedics, and an occasional writer who contributed a number of papers to the *Irish Journal of Medical Science*, edited by his friend and colleague, William Doolin. Honours rightly came to him: in 1934 the M.Ch., *honoris causa*, of the National University, in which he occupied one of the chairs of surgery; in 1948 the presidency of the Royal College of Surgeons in Ireland; in 1950 the presidency of the Association of Surgeons of Great Britain and Ireland; and from time to time honorary membership of various foreign surgical societies. But all such honours sat lightly upon him and had no visible effect on his tall, spare, distinguished appearance and his kindly personality. Above all else Harry Meade was a charming and courteous host, a delightful companion, and a happy family man, and to stay in his house was to enjoy very real hospitality. To meet him at any time, anywhere (perhaps in Paris, Madrid, or Berne), was always a joy and to know him a privilege. To examine candidates with him and his friendly colleague, Professor H. L. Barniville, was to know how pleasant an occasion could be made of what might otherwise have been an exacting and dull affair. Many surgeons in many countries will miss him and sympathize with Mrs. Meade and his family and with his colleagues in that fair city of Dublin in which for many years he has been a beloved and much respected leader in his subject.

J. C. MARTIN, L.R.C.P.I.

Dr. James Charles Martin, who died on October 18 at his home at Ballsbridge, Dublin, was the son of an Inspector-General of the Bank of Ireland, and received his early education in England, returning to Dublin for his medical studies. He qualified L.R.C.P.&S.I. in 1894, and, after holding appointments at the Lying-in Hospital and the Mater Misericordiae Hospital in Dublin and as a ship surgeon, he became assistant

medical officer, and later resident medical superintendent, at the Letterkenny Mental Hospital in County Donegal. He resigned his appointment at the hospital in 1936, having completed the statutory period of service. He then became the first medical secretary of the Irish Free State Medical Union (Irish Medical Association and British Medical Association), which was formed with the object of uniting the branches of the B.M.A. in the Irish Free State and the Irish Medical Association in a new body representative of the profession in the Free State. He succeeded, in effect, the late Dr. Thomas Hennessy, who for many years was the Irish Medical Secretary of the B.M.A. After five years of most valuable work for his colleagues Dr. Martin relinquished the appointment in 1941 to become the registrar of the Irish Branch of the General Medical Council, which post he occupied until his death. As a physician he made the welfare of his patients his first concern, and his courtesy and kindness as an administrator gained him the affection and respect of all who had dealings with him. An active member of the Royal Medico-Psychological Association, he continued to take an interest in his own branch of medicine long after he had retired from the mental health service: he was chairman of the Irish Division of the R.M.P.A. in 1936-7 and had held the post of Visitor-in-Lunacy to the Chief Justice of the Irish Free State. He was a Fellow of the Royal Academy of Medicine in Ireland.

P. H. MITCHINER, C.B., C.B.E.
M.D., M.S., F.R.C.S.

Professor H. A. HARRIS writes: Here in Khartum, at the Kitchener School of Medicine, the news of the death of Philip Mitchiner struck a chill which made one feel his immanence. What a friend he has been to struggling medical schools during their teething troubles in Egypt, Syria, Iraq, the Sudan, the Colonies and Dominions; how prodigal of man-hours devoted to the Royal Colleges, the University of London, the Territorial Association, the O.T.C., and to the country itself in its hour of need. The Sudan Medical Service and the Kitchener School of Medicine, now part of the new University of Khartum, owe much to the young doctors of St. Thomas's Hospital. These doctors know in their marrow how much they owe to Philip Mitchiner. The concentrated ring of pride, kindness, and love in the words I heard a few nights ago under the awe-inspiring starlight of the Nile Valley will stay with me: "I was one of Philip Mitchiner's dressers." His overflowing energy kept him ignorant of the ever-recurring defeats of his stout heart. His spirit could not be defeated, but was ever joyful and triumphant. St. Thomas's Hospital has been a great producer of the foot-sloggers of medicine, both doctors and nurses. Amongst the best and most devoted was Philip Mitchiner, *sans peur et sans reproche*.

J. C. W. writes: May I, as a former house-surgeon of Major-General Mitchiner, add to your obituary notice in the *Journal* of October 25 (p. 943)? Mitchiner's brilliance as a teacher, and his scintillating repartee are, of course, so renowned that they need no further stress from me, but his outstanding attribute was a capacity to inspire loyalty and devotion in his subordinates and patients by intense loyalty to them and by his devotion to their interests. One recalls the time when, knowing that the resident assistant surgeon of the time was in the habit of taking unto himself all emergency surgery, Mitchiner turned out at 2 a.m. for a simple appendicectomy, then sat quietly in the theatre while his house-surgeon performed the operation, and finally turned to the R.A.S., saying, "Will you take pity on an old man, or must I come here every night to see that my house-surgeon gets some experience?" While

I was his house-surgeon, some 17 years after his sojourn in the Balkans, an aged Serb, who spoke nothing but Serbian, came to his out-patient department, after hitch-hiking across a troubled Europe, in order to be operated on by Mitchiner, and I feel that this simple peasant's action speaks louder than any eulogy. "Mitch" has gone, and the world, for many of us, is a vastly poorer place without one who "talked with crowds and kept his virtue, and walked with kings nor lost the common touch."

W. E. GYE, M.D., F.R.C.P., F.R.S.

We are indebted to Dr. H. S. LUCRAFT, of Perth, Western Australia, for the following appreciation of the late Professor W. E. Gye, whose obituary notice appeared in the *Journal* of October 25 (p. 944):

When Professor W. E. Gye retired from the directorship of the Imperial Cancer Research Fund in 1949 he was advised to avoid the English winter by making a journey to Australia (a country of which his wife, Professor Ida Mann, had some knowledge). On first arriving in Australia he was critically ill with bronchopneumonia and congestive cardiac failure, but he eventually made a remarkable recovery. The improvement in his health was followed by an irresistible urge to resume his research work. Fortunately the Western Australian Government quickly saw the opportunity offered to it and so invited him to initiate an experimental laboratory for the public health department. He accepted the invitation, though it involved starting a laboratory from scratch, and threw himself into the work with his usual enthusiasm. A small but good modern laboratory building was made available to him and he commenced forthwith the task of building up a cancer research unit. He imported a stock of 28 inbred mice, now grown to about 1,000, and in collaboration with Professor Mann he resumed the interrupted studies on the time-temperature relationship in the transmission of tumours. Many experiments were begun, and others, sufficient to occupy a research worker for five years, had been planned.

Professor Gye's influence on medicine in Western Australia did not stop short at instituting a cancer research laboratory. Although compelled for health reasons to restrict his physical activities, he nevertheless entered into the medical life of the community. He lectured, in his inimitable style, on the problems of cancer. He investigated, on behalf of the public health department, the claims of several alleged cancer cures. His insistence on a more scientific approach to medicine in general, combined with his own example, will have a lasting influence for good. He had always strongly supported the local demand for the establishment of a medical school in Perth. Owing to his enthusiasm the original cancer research unit which he founded has already grown into a scheme (aided by private subscription and Government subsidy) for a complete medical and research laboratory, or Pathological Research Institute, in Western Australia—an institute which will concern itself not only with cancer research but with research in all branches of medicine. When a medical school does finally arise in Perth the Pathological Research Institute will be attached to it. It is a tragedy that Professor Gye died just as the organization was taking shape and developing into something that will certainly raise the standard of medicine in this part of the world. The work that he began, however, will continue and the institute will serve in years to come as a memorial to him.

Professor Gye's passionate devotion to the search for exact scientific knowledge, his intellectual honesty, and his originality of thought won the admiration and respect of all who came in contact with him. Those who were privileged to know him more intimately, to experience at first hand his kindness, his courage, and the charm of his personality, soon entertained warmer feelings towards him than those of mere admiration and respect. To know Professor Gye was to love him. The medical profession of Western Australia mourns the passing of a great man, and sympathizes deeply with the members of his family in their grievous loss.

Dr. MAYNARD CAMPBELL ANDREWS, who died on November 2 after a long illness, was born on August 16, 1902, and was educated at the University of Cambridge and at University College Hospital, London. He qualified M.R.C.S., L.R.C.P. in 1926, taking the degrees of M.B., B.Chir. two years later and proceeding M.D. in 1932. After qualification he held house appointments at the Royal Alexandra Hospital for Sick Children, Brighton, and at Leicester Royal Infirmary, later becoming casualty officer at the Metropolitan Hospital, London, and clinical assistant at the Samaritan Hospital for Women. He contributed papers to this and other journals on the subject of subarachnoid haemorrhage. In 1931 he settled in general practice at North Wembley, and remained there until his death except for service in the R.N.V.R. throughout the last war. He was honorary medical officer to the Harrow and Wembley hospitals.

J. R. E. and H. W. write: It would surprise many to know that Campbell Andrews was perforce a doctor when he would have been a writer, or that he actually published a novel about his life in some of London's mean streets, a novel marked by promise which was never fulfilled. But, if his aspirations to write were checked, his promise as a doctor was abundantly realized in his life so tragically cut short. He would have been the last to claim that his method of conducting a general practice had anything of special merit in it. Yet, although he was always busy, he was seldom if ever rushed; perceptive of folly or courage, he was tolerant of the one, exalted by the other. He kept abreast of modern medicine; he found time to go on the rounds at a London teaching hospital, not rarely, but as often as he could, and his technique with patients, particularly with sick children, was masterly. He not only had the long purse of patience, he had a Pandora's box of tricks by which 5-year-olds and younger children were beguiled. He loved the fun of student days—was he responsible for the introduction of a live donkey into the rooms of one of his contemporaries whose religious officiousness needed an abrupt check? Yet with it all he was even as a student very mature. He fell under the spell of Wilfred Trotter, whom he probably appreciated better than his contemporaries, and the artist in him absorbed the wider outlook upon matters other than medicine which Trotter conveyed. It was an outlook tinged with criticism, but he hated hypocrites, would laugh with bores. He was highly critical of the National Health Service Act of 1946, jealous of the old relationship between patient and practitioner which he saw threatened. He was enthusiastic for the Section of General Practice but lately instituted at the Royal Society of Medicine, and, with qualities which would have made him a successful consultant, devoted willingly those gifts to the people of North Wembley, who so appreciated him and who thronged the church at which the funeral service was held. So great was this tribute and so complete this proof, both that he had lived up to his ideals of general practice and that those ideals were right, it was hard to realize that it was only in 1946 that he returned to Wembley from six years in the Navy. Throughout those years he was at sea, in the Far East and the Mediterranean, coming home to England only very occasionally, a record of service which must be unique for a medical officer of his age, but which was characteristic of him. He volunteered for the Special Reserve of the R.N.V.R. just before the war, and his appointment to two of the three ships in which he served (*Ascania*, *Carlisle*, and *Sirius*) was at his own request. He was no firebrand, and sought neither honour nor glory, and as always hated petty discipline, but he believed that as the doctor of an active warship he could be most useful in war. He was completely right: his efficient service saved the lives of many and his personal qualities improved the lives of all. None gained more than did the younger doctors whose good fortune and privilege it was to serve with him, and they alone could guess how much, despite his love of the sea, those years demanded of his physical and moral courage and, above all, how deeply he felt his separation from his wife and two children.

Dr. ALFRED COX writes: It would be a privilege to be allowed to add something to the generous and well-deserved tribute paid to my old friend J. M. MORRIS by Dr. H. R. Frederick (November 15, p. 1104). I made Morris's acquaintance at the historic Swansea Annual Meeting in 1903, but I did not realize the sterling qualities of the man until he took on the secretaryship of the Swansea Division in 1914. He was one of the keenest workers for the Association that I have known and a great encouragement to those of us at Headquarters. He had a puckish sense of humour, which, as Dr. Frederick tells us, was generally transmitted on postcards and in script which few but himself could read—and not always himself. On one occasion I asked him to translate one of his letters which had baffled the B.M.A. staff, and he confessed that some of the words defeated him. It is a good many years since we had met, but Morris will always be remembered by me as a great and lovable "character" and a devoted worker for the Association.

Medical Notes in Parliament

Ex-Service House-surgeons

On November 7 Sir GEOFFREY HUTCHINSON asked Mr. Macleod to consider making special grants to doctors required to give one year's service as house-surgeons on qualification in cases where such doctors had served in Her Majesty's Forces and for that reason were in a higher age group than normally, and in cases where such doctors had family responsibilities. Mr. I. MACLEOD replied that such a house officer might be eligible for a special grant from the Minister of Education, in addition to his salary.

Incidence of Tuberculosis

Replying to Miss I. Ward on November 11, Mr. I. MACLEOD said the percentage of the population suffering from tuberculosis was as follows:

Regional Hospital Area	Number of Notified Cases on Chest Clinic Registers at December 31, 1951	% of Population
1. Newcastle	19,706	0.68
2. Leeds	14,745	0.48
3. Sheffield	25,986	0.63
4. East Anglian	7,449	0.51
5. N.W. Metropolitan	29,616	0.73
6. N.E. Metropolitan	21,750	0.72
7. S.E. Metropolitan	27,601	0.86
8. S.W. Metropolitan	30,471	0.67
9. Oxford	6,474	0.45
10. South-Western	16,839	0.61
11. Wales	21,831	0.84
12. Birmingham	26,013	0.58
13. Manchester	25,297	0.58
14. Liverpool	15,294	0.73

Cost of Hospital Services

Mr. I. MACLEOD on November 11 circulated the following table:

Estimated Hospital Expenditure in 1952-3 per Head of the Population

Regional Hospital Board	Amount per Head		
	£	s.	d.
Newcastle	4	6	3
Leeds	4	16	0
Sheffield	3	19	0
East Anglian	4	0	8
North-West Metropolitan	5	5	4
North-East Metropolitan	6	0	10
South-East Metropolitan	5	17	5
South-West Metropolitan	6	6	10
Oxford	4	17	10
South-Western	5	10	0
Birmingham	4	5	2
Manchester	4	6	11
Liverpool	5	0	6
Wales	4	14	10

Dentists in Scotland

Commander T. D. GALBRAITH stated on November 11 that in Scotland the number of dentists in general practice taking part in the National Health Service fell from 1,254

at the end of 1951 to 1,210 at the end of October. In the same period the number of dentists in the school service increased from 104 to 131. The present number in this service was equal to the highest number ever before, but was far short of the total that could usefully be employed.

Blind Children

On November 12 Captain E. W. SHORT spoke on the education of blind children. He said the number of prematurely born babies who survived was increasing considerably. In 1949 there were 22,986 premature births and in 1950 24,968, an increase of from 6.1% to 6.4% of total births. Captain Short said blindness was more prevalent among premature babies than among normal babies, and the result was that the incidence of blindness among children was increasing. That was a remarkable result of the Health Service. If, as he feared, the incidence of blindness increased until medical science caught up with it the problem of an increase of accommodation for blind children required to be considered.

Blind babies went to residential homes called Sunshine Homes, run by the National Institute for the Blind, at any age from 5 weeks to 2 years. These homes had a long waiting-list. Side by side with the waiting-list for Sunshine Homes there were vacancies for blind children in primary schools. Either the Sunshine Homes should send their children to primary schools at the age of 5 or more Sunshine Homes should be provided. Inadequate provision was made in point of numbers for blind children who had an additional handicap.

Mr. KENNETH PICKTHORN, Parliamentary Secretary to the Ministry of Education, replied. He said that up to date the blind had, in a sense, got more than their share of special school provision compared with children suffering from other congenital handicaps. Of the 1,300 blind children with which the Ministry of Education was concerned, about 170 were on a waiting-list to go to school. Many parents did not want their children to leave them before they were 5. A considerable number of children on the waiting-list had additional handicaps, and only two Sunshine Homes accepted blind children who had some other defect. He believed that other children on the waiting-list would not have to wait long. The Ministry thought that not more than 200 additional places would be required within the next 10 years. Most of these could be accommodated in existing institutions and in existing buildings. There were children handicapped in other ways than by blindness for whom it was more urgent to provide new buildings or new institutions. The Ministry of Education and the Ministry of Health took pains to see that premature babies who were blind were not neglected. The Medical Research Council was inquiring into the geographical incidence of this condition, which was oddly uneven in distribution for no reasons that were apparent.

The best opinion was that the separation of blind children from partially sighted children in special schools was in the interests of both. Eighteen months ago Warwickshire had opened a school for partially sighted children but had great difficulty in filling it, although all education authorities had been told about it. The Sunshine Home differed from the school where children could go at the age of 5. It was a small school with a high staffing ratio. Seventy-one children, mostly aged under 4, were waiting for places in the homes and had been accepted for them by the National Institute for the Blind. Of these, 29 were subnormal and would have to go to a special kind of Sunshine Home. Of the remaining 42, all aged under 5, 18 would be in Sunshine Homes within the next two or three months. Another 77 children had to be considered for admission to the homes, but of these half were expected to be unsuitable because they suffered from some other kind of handicap.

S.W. Metropolitan Regional Hospital Board

Mr. I. MACLEOD told Dr. R. Bennett on November 13 that, after consulting all the parties concerned and having carefully considered all the views expressed, he had decided that no substantial advantage would be gained by the